

2003

---

Wisconsin  
Hospices  
and Patients

---

*Bureau of Health Information and Policy  
Division of Public Health  
Wisconsin Department of Health and Family Services*

---

# Wisconsin Hospices and Patients

2003

*December 2004*

---

*Bureau of Health Information and Policy  
Division of Public Health  
Wisconsin Department of Health and Family Services*

---

## Foreword

This report presents selected statistics on Wisconsin hospices and patients in 2003. The source of data for this document is the Annual Survey of Hospices, which was conducted by the Bureau of Health Information and Policy, Division of Public Health (DPH), Department of Health and Family Services, in cooperation with Wisconsin-licensed hospices; the Bureau of Fee-for-Service Health Care Benefit, Division of Health Care Financing; and the Bureau of Quality Assurance, Division of Disability and Elder Services. Wisconsin HOPE (Hospice Organization and Palliative Experts) has endorsed this survey.

The Bureau of Health Information and Policy is a new bureau in the Division of Public Health. It comprises the former Bureau of Health Information (which was part of the Division of Health Care Financing) and selected policy staff from the Division of Public Health.

The Bureau of Health Information and Policy would like to acknowledge and thank the personnel of Wisconsin hospices who provided information on their services and patients, and Wisconsin HOPE for its endorsement of the survey.

Yiwu Zhang prepared this report. Jane Conner coordinated and implemented the data collection and editing activities. Kitty Klement, LuAnn Hahn and Kim Voss implemented survey follow-up and data editing activities. Patricia Nametz edited the report. Review and comment were provided by Rita Hallett in the Bureau of Fee-for-Service Health Care Benefits, and Marianne Missfeldt in the Bureau of Quality Assurance. The report was prepared under the supervision of Judith Nugent, Chief, Health Care Information Section, and the overall direction of Susan Wood, Director, Bureau of Health Information and Policy.

Suggestions, comments and requests for additional hospice data may be addressed to:

Yiwu Zhang  
Bureau of Health Information and Policy  
Division of Public Health  
Wisconsin Department of Health and Family Services  
P.O. Box 309  
Madison, WI 53701-0309  
Telephone: (608) 267-7809  
E-mail: [zhangyw@dhfs.state.wi.us](mailto:zhangyw@dhfs.state.wi.us)

### **Suggested citation:**

Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy. *Wisconsin Hospices and Patients, 2003* (PPH 5371-03). December 2004.

---

## Contents

<b>Foreword</b> .....	ii
<b>Introduction</b> .....	1
<b>Key Findings</b> .....	3
<b>Hospice Characteristics</b>	
Table 1.    Hospice Services and Patients by Ownership Type .....	5
Table 2.    Hospice Certification and Accreditation .....	5
Table 3.    Full-time Equivalent Employees (FTEs) of Hospices by Ownership Type, December 2003 .....	6
Table 4.    Number of Hospice Volunteers and Hours of Volunteer Services.....	6
Table 5.    Hospice Facility Operation and Contracts with Other Facilities .....	7
<b>Characteristics of Hospice Patients</b>	
Table 6.    Principal Diagnosis of Hospice Patients.....	8
Figure 1.    Principal Diagnosis of Hospice Patients.....	8
Table 7.    Hospice Patients by Referral Source .....	9
Table 8.    Discharges of Hospice Patients by Reason for Discharge.....	9
Map.        Hospices in Wisconsin .....	10
Table 9.    Hospices and Patients by County of Hospice Location.....	11
Table 10.   Number, Percent, and Utilization Rate of Hospice Patients by Age and Sex .....	12
Figure 2.    Percent of Hospice Patients by Age and Sex.....	12
Table 11.   Hospice Patient Days by Level of Care.....	13
Table 12.   Length of Stay of Hospice Patients Who Died or Were Discharged.....	13
Figure 3.    Primary Pay Source at Admission to a Hospice Program .....	14
Table 13.   Primary Pay Source at Admission to a Hospice Program .....	14
Table 14.   Primary Pay Source for Hospice Patients, December 31, 2003 .....	15
Table 15.   Living Arrangements of Hospice Patients, December 31, 2003 .....	15
Table 16.   Deaths Among Hospice Patients by Site of Occurrence .....	16
<b>Technical Notes</b> .....	17
<b>Survey Instrument</b> .....	19



---

## Introduction

### Background

In general, *hospice* is a program that provides care to terminally ill persons who have a life expectancy of 6-12 months. (The patient must have a medical prognosis of 12 months or less to be eligible to receive services from a Wisconsin-licensed hospice. Medicare requires a prognosis of 6 months or less to elect the Medicare hospice benefit.) The goal of hospice is to care for people in the comfort of their own homes, including when “home” is a nursing home, community-based residential facility, adult family home, or other setting. “Hospice” can be an organization, a program within an organization, or a place (for details, see Wisconsin Administrative Code HFS 131).

Hospice care is significantly different in goals and emphasis from traditional medical practice. The goal of hospice care is palliative (seeking to improve patient comfort and to lessen pain and other symptoms of illness) rather than curative. It also emphasizes home care rather than institutional care, addresses the psychological, social, spiritual, and physical needs of the patient, and provides supportive services to the family. Volunteers are a unique component in hospice care.

Hospice care is provided by an interdisciplinary team of professionals including nurses, physicians, social workers, counselors (bereavement, spiritual, dietary, and other), nursing assistants, volunteers and therapists. The services provided include clinical pain management, personal hygiene maintenance, emotional and spiritual counseling, bereavement support, medications, medical supplies and equipment, inpatient stays if necessary, and ancillary services such as physical, occupational, and speech therapy.

Hospice services are available to all age groups, from newborn to elderly. Hospice services may be covered by Medicare, Medicaid (Medical Assistance), and private insurance companies.

### Data Collection and Report Preparation

The 2003 survey population consisted of all 60 hospices licensed by the State of Wisconsin to operate in 2003. The survey instrument, prepared by the Bureau of Health Information and Policy (BHIP), was mailed with the Hospice Annual Report (licensure) form to all Wisconsin-licensed hospices in early January, 2004 from the Division of Disability and Elder Services, Bureau of Quality Assurance. The survey utilizes a survey date of December 31; that is, hospices are asked to report some survey items (such as number of patients) as of that date. Other data items (such as the number of patient days and the number of admissions and discharges) were reported for all of calendar year 2003. Staffing information was based on the number of personnel employed by hospices during the week of December 7-13, 2003.



---

## Key Findings

- There were 60 hospices licensed to operate in Wisconsin in 2003, compared to 59 in 2002. Three hospices closed in 2003, and four opened.
- Nonprofit organizations made up 83 percent of hospices and served 79 percent of all hospice patients.
- The seven proprietary hospices (12 percent) served 20 percent of all hospice patients.
- There were 2,337 hospice patients on December 31, 2003, a 22 percent increase from December 31, 2002 and a 69 percent increase from December 31, 1999.
- Total hospice patients served increased 8 percent, from 14,314 patients in 2002 to 15,436 patients in 2003.
- The total number of FTE hospice employees increased 20 percent in 2003 (to 1,245 from 1,034 in 2002), while the number of patients on December 31 increased 22 percent.
- The number of FTE RNs working in Wisconsin hospices in 2003 increased 15 percent from the previous year, while FTE hospice aides increased 16 percent.
- In 2003, 96 percent of all hospice volunteers worked in nonprofit hospices (compared to 93 percent in 2002), while 3 percent worked in proprietary hospices (compared to 6 percent in 2002).
- Statewide, 61 percent of all volunteer hours were spent on patients, and the rest were for office support, administrative services, and other activities.
- In 2003, the number of hospices that operated a residential facility increased by one from 2002. The number of beds in these facilities increased 12 percent, but the number of patient days in these facilities decreased 1 percent.
- The number of hospice beds in hospices operating an inpatient facility increased 16 percent in 2002, and the number of hospice patient days in these facilities grew 25 percent.
- The number of hospice acute care days under contracts with hospitals or skilled nursing facilities (SNFs) for symptom management and/or inpatient respite care increased 106 percent (from 7,251 in 2002 to 14,938 in 2003), while the number of respite care days increased 52 percent (from 2,089 to 3,183).
- The number of contracts that hospices had with nursing facilities for hospice routine care services increased 11 percent (from 507 in 2002 to 563 in 2003). The number of hospice patients residing in nursing homes under these contracts was up 13 percent, and the number of days spent in nursing homes by these hospice patients increased 24 percent.
- In 2003, 51 percent of Wisconsin hospice patients had a principal diagnosis of cancer, down from 55 percent in 2002 and 60 percent in 2001. Fifteen percent had a principal diagnosis of end-stage cardiovascular disease, compared to 14 percent in 2002.
- Thirty-five percent of hospice patients were referred to the hospice by a physician (down from 37 percent in 2002), and 27 percent were referred by a hospital (up from 25 percent in 2002).



- 
- The number of hospice patients referred by nursing homes increased 16 percent (from 2,297 in 2002 to 2,671 in 2003), after a 17 percent increase in 2002.
  - In 2003, total discharges from Wisconsin hospices increased 6 percent (from 12,797 in 2002 to 13,523 patients in 2003), after an 8 percent increase in 2002.
  - Eighty-seven percent (11,778) of all Wisconsin hospice discharges in 2003 were deaths.
  - Hospices in three counties – Milwaukee, Dane, and Brown – served 54 percent of all Wisconsin hospice patients in 2003.
  - Thirty-six counties in Wisconsin had no hospice service.
  - In 2003, the hospice utilization rate among people aged 65 and older was 18.1 patients per 1,000 population in this age group, a 10 percent increase from 2002 (16.5 per 1,000).
  - The hospice utilization rate among people aged 85 and older was 49.9 per 1,000 population in 2003, a 24 percent increase from 2002 (40.3 per 1,000).
  - The total number of hospice patient days increased 16 percent in 2003 (from 671,647 days in 2002 to 779,296 days), after a 9 percent increase in 2002 and a 15 percent increase in 2001.
  - A length of stay of fewer than 60 days was reported for 77 percent of hospice patients who died or were discharged in 2003.
  - Thirty-one percent of hospice patients died or were discharged within 7 days of admission to a hospice program in 2003, unchanged since 2001.
  - The number of hospice admissions increased 7 percent, from 13,041 in 2002 to 14,009 in 2003.
  - Seventy-six percent of hospice patients admitted in 2003 had Medicare as their primary pay source (vs. 73 percent in 2002). Eight percent had private insurance, compared to 9 percent in 2002 and 11 percent in 2001.
  - A total of 9 percent of hospice patients admitted had Medicaid as primary pay source, either Medicaid alone (3 percent), or Medicaid and Medicare (6 percent).
  - On December 31, 2003, 77 percent of hospice patients had Medicare as their primary pay source, 6 percent of hospice patients had private insurance, 3 percent had Medicaid only, and 11 percent had both Medicare and Medicaid.
  - On December 31, 2003, 58 percent of hospice patients were residing at home or in some other private residence, a decline of 6 percentage points from 2002.
  - Twenty-seven percent of hospice patients were residing in nursing homes on December 31, 2003, (compared to 22 percent in 2002).
  - Of hospice patient deaths in 2003, 50 percent occurred at home, 23 percent occurred in nursing homes, and 16 percent occurred in a hospital or other inpatient facility.

## Hospice Characteristics

**Table 1. Hospice Services and Patients by Hospice Ownership Type, Wisconsin 2003**

	Total	Ownership of Hospice					
		Governmental		Nonprofit		Proprietary	
		Number	Percent	Number	Percent	Number	Percent
Number of Hospices	60	3	5%	50	83%	7	12%
Number of Unduplicated Hospice Patients	15,436	126	1	12,242	79	3,068	20
Number of Hospice Patients on December 31, 2003	2,337	9	<1	1,739	74	589	25
Average Daily Census for Calendar Year 2003	2,150	16	1%	1,603	75%	531	25%

Source: Annual Survey of Hospices, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: See Technical Notes for an explanation of the unduplicated patient count.

- There were 60 hospices licensed to operate in Wisconsin in 2003, compared to 59 in 2002. Three hospices closed in 2003, and four opened.
- Nonprofit organizations made up 83 percent of hospices and served 79 percent of all hospice patients.
- The seven proprietary hospices (12 percent) served 20 percent of all hospice patients.
- There were 2,337 hospice patients on December 31, 2003, a 22 percent increase from December 31, 2002, and a 69 percent increase from December 31, 1999.
- Total hospice patients served increased 8 percent, from 14,314 patients in 2002 to 15,436 patients in 2003.

**Table 2. Hospice Certification and Accreditation, Wisconsin 2003**

Year	Number of Hospices			
	Total Number of Hospices	Medicare Certified	Medicaid Certified	JCAHO or CHAP Accredited
1999	60	59	58	35
2000	61	59	57	35
2001	61	60	58	35
2002	59	58	56	34
2003	60	59	58	34

Source: Annual Survey of Hospices, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- Of the 60 Wisconsin-licensed hospices, 59 reported they were Medicare-certified providers and 58 reported they were Medicaid-certified providers.
- Fifty-seven percent (34) of the 60 hospices reported they were accredited by an organization such as the [Joint Commission on Accreditation of Healthcare Organizations](#) (JCAHO), or the Community Health Accreditation Program (CHAP).

## Hospice Characteristics

**Table 3. Full-time Equivalent (FTE) Employees of Hospices by Ownership Type, Wisconsin, December 2003**

Employee Category	Total		Ownership of Hospice		
	Number	Percent	Governmental	Nonprofit	Proprietary
Managing Employee/ Administrators	97	8%	1	83	13
Physicians	8	1	<1	5	3
Registered Nurses	418	34	3	345	70
Licensed Practical Nurses	49	4	0	27	23
Hospice Aides	241	19	1	182	58
Registered Physical Therapists	5	<1	0	5	0
Registered Occupational Therapists	<1	<1	0	<1	0
Speech/Language Pathologists	<1	<1	<1	<1	0
Bereavement Counselors	36	3	<1	33	3
Social Workers	112	9	<1	93	18
Dietary	4	<1	<1	4	0
Volunteer Coordinators	33	3	<1	27	6
Chaplains	35	3	0	25	10
Clerical/Office Support	178	14	1	154	24
Other	29	2	0	15	14
<b>Total</b>	<b>1,245</b>	<b>100%</b>	<b>6</b>	<b>997</b>	<b>242</b>

Source: Annual Survey of Hospices, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: The count of employees was from the week of December 7-13, 2003.

- The total number of FTE hospice employees increased 20 percent in 2003 (to 1,245 from 1,034 in 2002), while the number of patients on December 31 increased 22 percent.
- The number of FTE RNs working in Wisconsin hospices in 2003 increased 15 percent from the previous year, while FTE hospice aides increased 16 percent.

**Table 4. Number of Hospice Volunteers and Hours of Volunteer Services, Wisconsin 2003**

	Total	Governmental		Nonprofit		Proprietary	
		Number	Percent	Number	Percent	Number	Percent
Number of Volunteers	6,268	41	1%	6,028	96%	199	3%
Hours of Volunteer Services Provided to:							
Patients	95,710	530	1	88,877	93	6,303	7
Office Support/Adminis. Services	42,109	57	<1	39,103	93	2,949	7
Other Activities	20,107	160	1%	18,659	93%	1,288	6%

Source: Annual Survey of Hospices, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- In 2003, 96 percent of all hospice volunteers worked in nonprofit hospices (compared to 93 percent in 2002), while 3 percent worked in proprietary hospices (compared to 6 percent in 2002).
- Statewide, 61 percent of all volunteer hours were spent on patients, and the rest were for office support, administrative services, and other activities.

## Hospice Characteristics

**Table 5. Hospice Facility Operation and Contracts with Other Facilities, Wisconsin 2003**

	Number	Percent
Total number of hospices	60	100%
Total number of hospice patient days	779,296	
Number of hospices operating a residential facility	11	18
Number of hospice beds in these facilities	127	
Number of hospice patient days in these facilities	22,060	
Number of hospices operating an inpatient facility	5	8
Number of hospice beds in these facilities	87	
Number of hospice patient days in these facilities	9,018	
Number of hospices providing palliative and supportive services for individuals who have not elected hospice	11	18
Number of patients	347	
Number of hospices that had a contract with hospitals/SNFs for symptom management and/or inpatient respite care	59	98
Number of contracts	409	
Number of acute care days	14,938	
Number of respite care days	3,183	
Number of hospices that had a contract with a nursing facility for inpatient respite services	9	15
Number of contracts	27	
Number of respite care days	90	
Number of hospices that had a contract with a nursing facility for hospice routine care	55	92
Number of contracts	563	
Number of hospice patients residing in nursing homes	3,550	
Number of days spent in nursing homes by hospice patients	197,182	
Number of hospices that had a contract with a community-based residential facility (CBRF)	43	72
Number of contracts	627	
Number of hospices that had a contract with an adult family home	9	15
Number of contracts	39	
Number of hospices that had a contract with a residential care apartment complex (RCAC)	25	42
Number of contracts	68	
Number of hospices that had a contract with an HMO or other managed care organization	32	53%
Source:	Annual Survey of Hospices, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.	
Notes:	Hospice patients could have more than one type of stay during the year. See Technical Notes for definitions of "routine care," "respite care," and other hospice levels of care.	

- In 2003, the number of hospices that operated a residential facility increased by one from 2002. The number of beds in these facilities increased 12 percent, but the number of patient days in these facilities decreased 1 percent.
- The number of hospice beds in hospices operating an inpatient facility increased 16 percent in 2002, and the number of hospice patient days in these facilities grew 25 percent.
- The number of hospice acute care days under contracts with hospitals or skilled nursing facilities (SNFs) for symptom management and/or inpatient respite care increased 106 percent (from 7,251 in 2002 to 14,938 in 2003), while the number of respite care days increased 52 percent (from 2,089 to 3,183).
- The number of contracts that hospices had with nursing facilities for hospice routine care services increased 11 percent (from 507 in 2002 to 563 in 2003). The number of hospice patients residing in nursing homes under these contracts was up 13 percent, and the number of days spent in nursing homes by these hospice patients increased 24 percent.

## Characteristics of Hospice Patients

**Table 6. Principal Diagnosis of Hospice Patients, Wisconsin 2003**

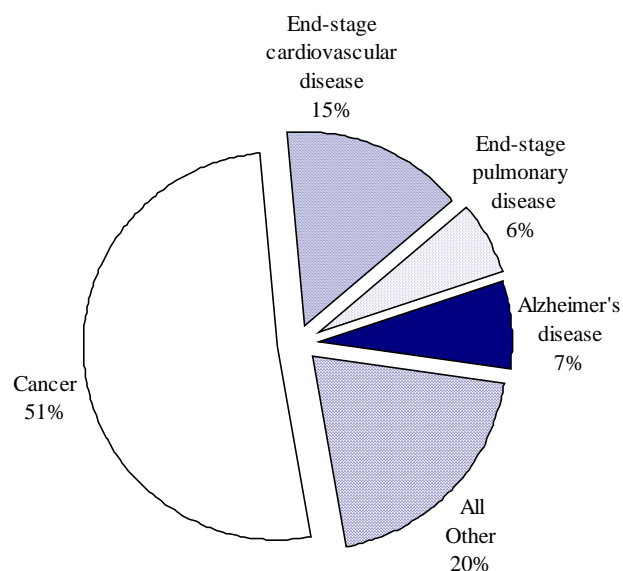
Principal Diagnosis	Number of Patients	Percent of Patients
Total	15,436	100%
Malignant neoplasm (cancer)	7,929	51
End-stage cardiovascular disease	2,351	15
Alzheimer's disease/other dementia	1,112	7
End-stage pulmonary disease	972	6
Renal failure/end-stage kidney disease	462	3
ALS (amyotrophic lateral sclerosis)	81	1
Diabetes	28	<1
HIV infection	16	<1
Other conditions	2,485	16%

Source: Annual Survey of Hospices, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Principal diagnosis is the diagnosis responsible for admission to the hospice.  
Percentages may not add to 100 percent due to rounding.

- In 2003, 51 percent of Wisconsin hospice patients had a principal diagnosis of cancer, down from 55 percent in 2002 and 60 percent in 2001. Fifteen percent had a principal diagnosis of end-stage cardiovascular disease, compared to 14 percent in 2002.
- According to the 2000 National Home and Hospice Care Survey (the latest data available), 58 percent of U.S. hospice patients had a primary diagnosis of cancer, 12 percent had a primary diagnosis of cardiovascular disease, and 6 percent had a primary diagnosis of Alzheimer's disease or other dementia (see Technical Notes on Page 19 for source).

**Figure 1. Principal Diagnosis of Hospice Patients, Wisconsin 2003**



Source: Annual Survey of Hospices, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

## Characteristics of Hospice Patients

**Table 7. Hospice Patients by Referral Source, Wisconsin 2003**

Referral Source	Number of Patients	Percent
Total	15,436	100%
Physician	5,359	35
Hospital	4,217	27
Self-Referral	319	2
Patient's Family	1,332	9
Home Health Agency	583	4
Nursing Home	2,671	17
Assisted Living:		
Residential care apartment complex	48	<1
Adult family home	4	<1
Community-based residential facility	315	2
Other	588	4%

Source: Annual Survey of Hospices, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.

- Thirty-five percent of hospice patients were referred to the hospice by a physician (down from 37 percent in 2002), and 27 percent were referred by a hospital (up from 25 percent in 2002).
- The number of hospice patients referred by nursing homes increased 16 percent (from 2,297 in 2002 to 2,671 in 2003), after a 17 percent increase in 2002.

**Table 8. Discharges of Hospice Patients by Reason for Discharge, Wisconsin, 2003**

Reason for Discharge	Patients Discharged	
	Number	Percent
Total Discharges/Deaths	13,523	100%
Hospice Care Not Appropriate	659	5
Transferred to Another Hospice	256	2
Revocation of Hospice Benefit	600	4
Other	230	2
Deaths	11,778	87%

Source: Annual Survey of Hospices, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note: Percentages may not add to 100 percent due to rounding.

- In 2003, total discharges from Wisconsin hospices increased 6 percent (from 12,797 in 2002 to 13,523 patients in 2003), after an 8 percent increase in 2002.
- Eighty-seven percent (11,778) of all Wisconsin hospice discharges in 2003 were deaths.
- Five percent of discharges from hospices were because hospice care was no longer appropriate (probably because the patient's prognosis had changed).
- Another 4 percent of discharges were due to "revocation of hospice benefit;" this means the patient voluntarily withdrew from hospice care.
- Nationally, 86 percent of all U.S. hospice discharges in 2000 were deaths (see Technical Notes on page 19 for source).

## Hospices in Wisconsin, 2003



\* Map does not show the eight Wisconsin - licensed hospices located outside the state.

Wisconsin Division of Public Health  
Bureau of Health Information and Policy

## Characteristics of Hospice Patients

**Table 9. Hospices and Patients by County of Hospice Location, Wisconsin 2003**

County of Hospice	Number of		Percent of	County of Hospice	Number of		Percent of
	Hospices	Patients	Total Patients		Hospices	Patients	Total Patients
All	60	15,436	100%	Langlade	1	85	1
Ashland	1	206	1	Manitowoc	2	77	<1
Barron	1	83	1	Marathon	1	588	4
Brown	3	1,203	8	Milwaukee	10	5,708	37
Calumet	1	15	<1	Monroe	1	137	1
Chippewa	1	167	1	Oneida	1	265	2
Crawford	1	128	1	Portage	1	155	1
Dane	1	1,452	9	Price	1	51	0
Dodge	1	117	1	Rock	2	293	2
Eau Claire	1	360	2	St. Croix	1	77	<1
Fond du Lac	1	483	3	Sauk	1	219	1
Grant	1	71	0	Shawano	1	78	1
Green	1	107	1	Sheboygan	2	445	3
Iowa	1	87	1	Taylor	1	60	0
Jackson	1	68	<1	Vernon	1	34	0
Jefferson	1	250	2	Waukesha	1	318	2
Kenosha	1	369	2	Winnebago	2	679	4
La Crosse	2	352	2	Wood	1	266	2
Lafayette	1	40	<1%	Out-of-state	8	343	2%

Source: Annual Survey of Hospices, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Patient counts are by location of the hospice (not patient residence).  
Counties shown have at least one hospice located in the county.  
Percentages may not add to 100 percent due to rounding.

- In 2003, 37 percent of Wisconsin hospice patients were served by hospices located in Milwaukee County (same percent as in 2002).
- Only one hospice was located in Dane County but that hospice served 9 percent of Wisconsin hospice patients in 2003. The number of hospice patients served by this Dane County hospice increased 14 percent in 2003, after an increase of 6 percent in 2002 and 26 percent in 2001.
- From 2002 to 2003, the number of hospice patients increased 10 percent or more in 16 counties, while the number of Wisconsin hospice patients served by 8 out-of-state hospices declined 30 percent.
- The number of hospice patients served by hospices in Milwaukee County increased 8 percent in 2003, after an increase of 13 percent in 2002 and 27 percent in 2001.
- Hospices in three counties – Milwaukee, Dane, and Brown – served 54 percent of all Wisconsin hospice patients in 2003.
- Thirty-six counties in Wisconsin had no hospice service.



## Characteristics of Hospice Patients

**Table 10. Number, Percent and Utilization Rate of Hospice Patients by Age and Sex, Wisconsin 2003**

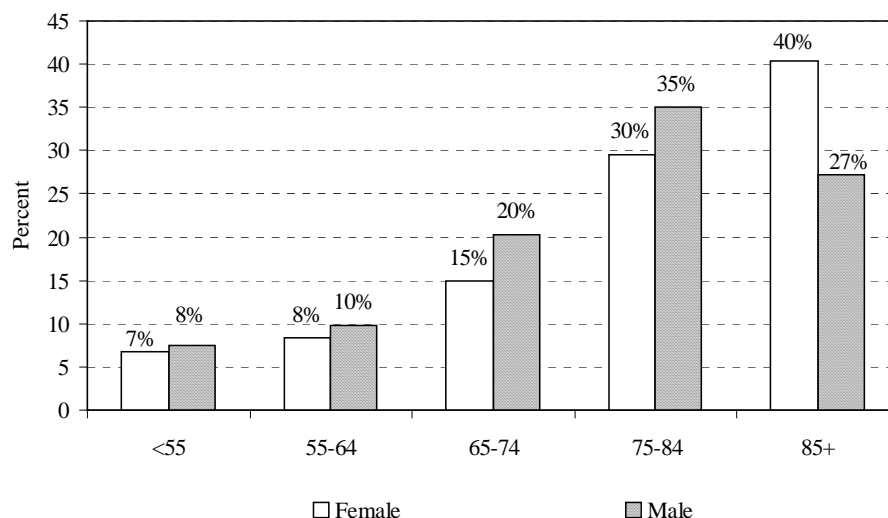
Age	Total			Female			Male		
	Number	Percent	Rate	Number	Percent	Rate	Number	Percent	Rate
<b>All Patients</b>	15,436	100%	2.8	8,517	100%	3.1	6,919	100%	2.5
Under 55	1,094	7	0.3	572	7	0.3	522	8	0.2
55-64	1,392	9	2.6	709	8	2.7	683	10	2.6
65-74	2,673	17	7.6	1,273	15	6.8	1,400	20	8.6
75-84	4,948	32	19.2	2,519	30	16.4	2,429	35	23.3
85 or older	5,329	35	49.9	3,444	40	46.1	1,885	27	58.8
65 or older	12,950	84%	18.1	7,236	85%	17.4	5,714	83%	19.1

Source: Annual Survey of Hospices, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: The rate is the number of hospice patients per 1,000 statewide population in the age group.  
Percentages may not add to 100 percent due to rounding.

- In 2003, the hospice utilization rate among people aged 65 and older was 18.1 patients per 1,000 population in this age group, a 10 percent increase from 2002 (16.5 per 1,000).
- The hospice utilization rate among people aged 85 and older was 49.9 per 1,000 population in 2003, a 24 percent increase from 2002 (40.3 per 1,000).
- Males aged 85 and over had a 28 percent higher hospice utilization rate than females in this age group (58.8 per 1,000 vs. 46.1 per 1,000).

**Figure 2. Percent of Hospice Patients by Age and Sex, Wisconsin 2003**



Source: Annual Survey of Hospices, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

- The number of hospice patients aged 85 and older increased 28 percent in 2003, compared with a 0.4 percent decrease for patients under age 85. As a result, 35 percent of all hospice patients in Wisconsin in 2003 were age 85 and older, up from 29 percent in the same age group in 2002.

**Table 11. Hospice Patient Days by Level of Care, Wisconsin 2003**

Level of Care	Patient Days	Percent
Total patient days	779,296	100%
Routine home care	754,726	97
Continuous home care	1,972	<1
Inpatient care: acute/symptom management	19,206	2
Inpatient respite care	3,392	<1%

Source: Annual Survey of Hospices, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding. See Technical Notes for level of care definitions.

- The total number of hospice patient days increased 16 percent in 2003 (from 671,647 days in 2002 to 779,296 days), after a 9 percent increase in 2002 and a 15 percent increase in 2001.
- Most hospice patient days were for routine home care (97 percent).
- Inpatient days for acute care and/or symptom management increased 12 percent in 2003.
- Inpatient respite care days increased 20 percent, from 2,836 days in 2002 to 3,392 days in 2003.

**Table 12. Length of Stay of Hospice Patients Who Died or Were Discharged, Wisconsin 2003**

Length of Stay	Number of Patients	Percent
Total Discharges/Deaths	13,523	100%
1 to 7 days	4,180	31
8 to 14 days	2,125	16
15 to 29 days	2,157	16
30 to 59 days	1,845	14
60 to 89 days	963	7
90 to 179 days	1,183	9
180 days to 1 year	592	4
More than 1 year	405	3%

Source: Annual Survey of Hospices, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

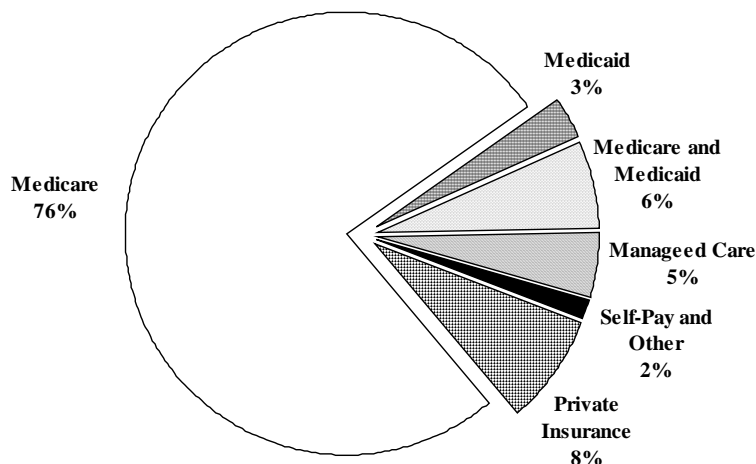
Notes: "Length of stay" means time from when the patient was admitted to the hospice program until the patient died or was discharged from the program.

The total includes 73 patients whose length of stay was not reported.

Percentages may not add to 100 percent due to rounding.

- A length of stay of fewer than 60 days was reported for 77 percent of hospice patients who died or were discharged in 2003.
- Thirty-one percent of hospice patients died or were discharged within 7 days of admission to a hospice program in 2003, unchanged since 2001.
- Hospice patients who died or were discharged more than 180 days after admission stayed at 7 percent.
- Nationally, 63 percent of hospice patients had a length of stay of less than 30 days in 2000 (see Technical Notes on page 19 for the source).

**Figure 3. Primary Pay Source at Admission to a Hospice Program for Patients Admitted in 2003, Wisconsin**



Source: Annual Survey of Hospices, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

**Table 13. Primary Pay Source at Admission to a Hospice Program for Patients Admitted in 2003, Wisconsin**

Primary Pay Source	Number of Patients	Percent
Total Admissions	14,009	100%
Medicare	10,703	76
Medicaid	442	3
Medicare and Medicaid ("dual entitlements")	887	6
Managed Care (HMO)	663	5
PACE/Partnership (Program of All-Inclusive Care for the Elderly)	8	<1
Private Insurance	1,132	8
Self Pay	94	1
Other	80	1%

Source: Annual Survey of Hospices, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.  
Primary pay source is the payment source that the hospice expects will pay the largest amount for the patient's hospice care.

- The number of hospice admissions increased 7 percent, from 13,041 in 2002 to 14,009 in 2003.
- Seventy-six percent of hospice patients admitted in 2003 had Medicare as their primary pay source (vs. 73 percent in 2002). Eight percent had private insurance, compared to 9 percent in 2002 and 11 percent in 2001.
- A total of 9 percent of hospice patients admitted had Medicaid as primary pay source, either Medicaid alone (3 percent), or Medicaid and Medicare (6 percent).
- The number of admissions with managed care (HMO) as their primary pay source increased from 627 to 663 patients.

## Characteristics of Hospice Patients

**Table 14. Primary Pay Source for Hospice Patients, Wisconsin, December 31, 2003**

Primary Pay Source	Number of Patients	Percent
Total Patients	2,337	100%
Medicare	1,800	77
Medicaid	61	3
Medicare and Medicaid (“dual entitlements”)	267	11
Managed Care (HMO)	35	1
PACE/Partnership (Program of All-Inclusive Care for the Elderly)	0	0
Private Insurance	135	6
Self Pay	27	1
Other	12	1%

Source: Annual Survey of Hospices, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percentages may not add to 100 percent due to rounding.  
Primary pay source is the payment source that the hospice expects will pay the largest amount for the patient’s hospice care.

- On December 31, 2003, 77 percent of hospice patients had Medicare as their primary pay source, 6 percent of hospice patients had private insurance, 3 percent had Medicaid only, and 11 percent had both Medicare and Medicaid.
- Nationally, 79 percent of hospice patients had Medicare as their primary pay source, 13 percent had private insurance/HMO or self pay, and 5 percent had Medicaid (see Technical Notes on page 19 for source).

**Table 15. Living Arrangements of Hospice Patients, Wisconsin, December 31, 2003**

Living Arrangement	Number of Patients	Percent
Total Patients	2,337	100%
Home/private residence	1,358	58
Nursing home	635	27
Hospice residential facility	42	2
Assisted living:		
Residential care apartment complex	22	1
Adult family home	1	<1
Community-based residential facility (CBRF)	199	9
Inpatient facility (acute-care hospitals, etc.)	75	3
Other site	5	<1%

Source: Annual Survey of Hospices, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Notes: Percentage may not add to 100 percent due to rounding.  
See Technical Notes for definitions of selected living arrangements.

- On December 31, 2003, 58 percent of hospice patients were residing at home or in some other private residence, a decline of 6 percentage points from 2002.
- Twenty-seven percent of hospice patients were residing in nursing homes on December 31, 2003, (compared to 22 percent in 2002). Only 15 percent of hospice patients were residing in nursing homes in 1999.
- The percent of hospice patients residing in CBRFs increased from 8 percent in 2002 to 9 percent in 2003.

**Table 16. Deaths Among Hospice Patients by Place of Occurrence, Wisconsin 2003**

Location of Death	Number of Patients	Percent
Total Deaths	11,778	100%
Home/private residence	5,908	50
Nursing home	2,651	23
Hospice residential facility	838	7
Assisted living:		
Residential care apartment complex	24	<1
Adult family home	1	<1
Community-based residential facility (CBRF)	502	4
Inpatient facility (acute-care hospitals, etc.)	1,839	16
Other place	15	<1%

Source: Annual Survey of Hospices, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

Note Percentages may not add to 100 percent due to rounding.

- Total hospice patient deaths increased 4 percent between 2002 and 2003, compared with an 8 percent increase in total hospice patients served.
- Of hospice patient deaths in 2003, 50 percent occurred at home (compared with 52 percent in 2002 and 54 percent in 2001), 23 percent occurred in nursing homes (compared with 22 percent in 2002 and 21 percent in 2001), and 16 percent occurred in a hospital or other inpatient facility (compared with 15 percent in 2002 and 2001).

### Technical Notes

**Unduplicated patient count.** Each person served is counted only once, regardless of the number of times during the year they were admitted and discharged.

#### Hospice Level of Care

**Routine home care day** is a day on which an individual who has chosen hospice care is receiving services at the place of residence considered his or her home.

**Continuous home care day** is a day on which an individual who has chosen hospice care is not in an inpatient facility and is receiving continuous care, primarily nursing care, to achieve palliation or management of acute medical symptoms. Home health aide or homemaker services may be provided to supplement the nursing care. Continuous home care is furnished during periods of crisis to maintain the terminally ill patient at home.

**Inpatient care day (symptom management)** is a day on which an individual who has chosen hospice care receives general inpatient care in an inpatient facility for pain control or acute or chronic symptom management which cannot be managed in other settings.

**Inpatient respite care day** is a day on which an individual who has chosen hospice care receives care in an approved inpatient facility on a short-term basis to relieve the family or other persons caring for the individual at home.

#### Living Arrangements

**A community-based residential facility (CBRF)** is a place where 5 or more unrelated adults reside in which care, treatment or services above the level of room and board but not including nursing care are provided to residents as a primary function of the facility.

**A residential care apartment complex** is a living unit for severely disabled individuals that is developed by a sponsor and that is not physically connected to a nursing home or hospital except by common service units for laundry, kitchen or utility purposes and that may include buildings and grounds for activities related to residence, including congregate meal sites, socialization, and physical rehabilitation facilities.

**An adult family home** means a place where 3 or 4 adults not related to the licensee reside in which care, treatment or services above the level of room and board but not including nursing care are provided to persons residing in the home as a primary function of the place.

#### Source for National Data:

Haupt B J. Characteristics of Hospice Care Discharges And Their Length of Service: United States, 2000. National Center for Health Statistics. Vital Health Stat. 13(154), 2003.

## ATTACHMENT I 2003 ANNUAL SURVEY OF HOSPICES

The Statistical Summary is to be provided by agencies submitting an annual report. If you have questions about completing Attachment I, call Kitty Klement (608-267-9490), Jane Conner (608-267-9055), Lu Ann Hahn (608-266-2431), or Kim Voss (608-267-1420).

### Time Periods:

*This summary requests information from varying time periods. Some questions refer to the entire calendar year (January 1 - December 31, 2003), others refer to a specific week (December 7 - 13, 2003), or a specific day (December 31, 2003). Be careful to answer questions for the correct time period.*

### Patient Counts:

Patients are counted two ways:

1. Only once to determine the number of individual people the agency served by primary diagnosis, race and age.
2. Multiple times, when appropriate to identify the number of patients who received various types of services, whose payments came from various pay sources, and who were admitted and/or discharged from various places and programs.

In some instances, patient counts in one question must equal patient counts in other questions. When this is the case, a footnote is used as a reminder.

### Diagnoses Reporting:

Diagnostic categories on Page 4, number 23, are based on the ICD-9-CM classification system.

### Follow-up for corrections/clarifications:

All responses will be edited for completeness, accuracy and clarity. If any problems are found, the contact person listed on Page 8 will be telephoned for corrections/clarifications.

**OUT OF STATE AGENCIES SHOULD REPORT WISCONSIN DATA ONLY.**

## STATISTICAL SUMMARY

### AGENCY INFORMATION

1. Was this hospice in operation for the entire calendar year of 2003? ..... ☐ 1. Yes ☐ 2. No

If no, and operation dates began after January 1, 2003, or ended before December 31, 2003, list those dates of operation below.

#### Beginning Date

Month  Day '03

#### Ending Date

Month  Day '03

#### Days of Operation

2. Is the hospice certified for Medicare (Title 18)? ..... ☐ 1. Yes ☐ 2. No
3. Is the hospice certified for Medicaid (Title 19)? ..... ☐ 1. Yes ☐ 2. No
4. Is the hospice accredited by JCAHO or CHAPS? ..... ☐ 1. Yes ☐ 2. No

5. Is the hospice licensed as a hospice residential facility? (e.g., "hospice house") ..... ☐ 1. Yes 2. No
- a. If yes, indicate the number of beds in the facility ..... \_\_\_\_\_
- b. Total number of days spent by hospice patients in the facility in 2003 ..... \_\_\_\_\_
6. Is the hospice Medicare certified as an inpatient facility? ..... ☐ 1. Yes 2. No
- a. If yes, indicate the number of beds in the facility ..... \_\_\_\_\_
- b. Total number of days spent by hospice patients in the facility in 2003 ..... \_\_\_\_\_
7. Does the hospice provide Palliative and Supportive Services for individuals who have not elected hospice? ..... ☐ 1. Yes 2. No
- a. If yes, how many patients received Palliative and Supportive Services in 2003? ..... \_\_\_\_\_
8. Does the hospice have a contract with a hospital(s) or skilled nursing facility (SNF) for symptom management and/or inpatient respite care? ..... ☐ 1. Yes 2. No
- a. If yes, indicate the number of contracts ..... \_\_\_\_\_
- b. Total number of acute care (symptom management) days in 2003 ..... \_\_\_\_\_
- c. Total number of inpatient respite care days in 2003 ..... \_\_\_\_\_
9. Does the hospice have a contract with an intermediate care nursing facility (NF) for inpatient respite services? ..... ☐ 1. Yes 2. No
- a. If yes, indicate the number of contracts ..... \_\_\_\_\_
- b. Total number of inpatient respite care days in 2003 ..... \_\_\_\_\_
10. Does the hospice have a contract, agreement or memorandum of understanding with a skilled nursing facility (SNF) to provide routine hospice home care? ..... ☐ 1. Yes 2. No
- a. If yes, indicate the number of contracts, agreements or memorandums of understanding ..... \_\_\_\_\_
- b. Total number of unduplicated hospice patients with SNF stays in 2003 ..... \_\_\_\_\_
- c. Total number of days spent in SNFs by hospice patients in 2003 ..... \_\_\_\_\_
11. Does the hospice have a contract, agreement or memorandum of understanding with a community-based residential facility (CBRF) to provide routine hospice home care? ..... ☐ 1. Yes 2. No
- a. If yes, indicate the number of contracts, agreements or memorandums of understanding ..... \_\_\_\_\_
12. Does the hospice have a contract, agreement or memorandum of understanding with an adult family home to provide routine hospice home care? ..... ☐ 1. Yes 2. No
- a. If yes, indicate the number of contracts, agreements or memorandums of understanding ..... \_\_\_\_\_
13. Does the hospice have a contract, agreement or memorandum of understanding with a residential care apartment complex (RCAC) to provide routine hospice home care? ..... ☐ 1. Yes 2. No
- a. If yes, indicate the number of contracts, agreements or memorandums of understanding ..... \_\_\_\_\_
14. Does the hospice have a contract with an HMO or other managed-care organization(s) to provide services? ..... ☐ 1. Yes 2. No



**PATIENT INFORMATION**

15. Number of **patients** on the hospice caseload on January 1, 2003 .....  
(As reported on the 2002 survey, Page 3, Line 17. If different, explain the change/reason.)  
(Any admissions on or after January 1st should be listed on line 16.)
- a. Of the number of patients who were on the open caseload beginning  
January 1, 2003 (line 15, above), how many of those patients are also listed  
as an admission(s) during 2003 on line 16? .....
16. Total number of **admissions** during 2003 .....  
a. Of the total admissions, how many were readmissions?  
(Readmissions are the number of admissions above and beyond a patient's  
first admission during 2003. If an individual was formally admitted more  
than once during the calendar year, count each admission, except the first one,  
as a readmission. For example, if a patient was formally admitted to the  
agency five times during the calendar year, that would be five  
admissions, of which four were readmissions.) .....
17. Number of hospice **patients discharged** during 2003 for each reason listed.
- a. Discharged - hospice care not appropriate (*no longer meets hospice criteria*) .....
- b. Transferred - hospice services provided by another hospice .....
- c. Revocation of hospice benefit (*individual chooses to leave hospice*) .....
- d. Other (*please specify* ..... ) .....
- e. Deaths .....
- f. **Total Discharged** .....
18. Total number of patients on the hospice caseload on December 31, 2003 .....  
(Line 15, plus line 16, minus line 17.f.)
19. Report the **Total Number of Individual Patients** for 2003, using the following formula to calculate the total.
- a. Patients on January 1, 2003 caseload (line 15) .....  
Minus line 15.a (1/1/03 patients also counted as an admission during 2003) .....  

**Subtotal**
- b. Admissions (line 16) .....  
Minus readmissions (line 16.a) .....  
Equals the number of patients admitted .....  

**Subtotal**
- c. **Total** individual patient count (unduplicated) for 2003. (Add **subtotals** in question 19) .....  
(The number reported here **MUST** equal the "TOTALS" on Page 4, no. 21, 22 & 23.)
20. Average Daily Census for calendar year 2003, (total days of care, Page 5, number 24, divided by the days of  
operation, 365 days, or as reported on page 1, item 1.) .....  
(Round to the nearest whole number.)

21. Total number of **unduplicated patients** served during 2003 by age, gender, and race/ethnicity.

RACE	AGE							Total
	19 & under	20-54	55-64	65-74	75-84	85-94	95+	
White								
Black or African American								
American Indian								
Southeast Asian								
Asian or Pacific Islander								
Other								
<b>TOTAL*</b>								(a)
<b>GENDER</b>								
Male								(b)
Female								(c)
MAKE SURE that the total males, (line b), plus total females, (line c), equal the total number of patients, (line a).								
<b>Hispanic/Latino**</b>								

\* TOTAL **MUST** equal the total unduplicated patients on page 3, line 19.c.

\*\* Include Hispanic/Latino patients in the appropriate racial categories listed above, as Hispanic/Latino is not considered a race.

22. Total number of **unduplicated patients** served during 2003 by referral source.

REFERRAL SOURCE	NUMBER OF PATIENTS
a. Physician	
b. Self-referral	
c. Patient's family	
d. Hospital	
e. Home health agency	
f. Nursing home	
g. Assisted living	
1. Residential care apartment complex	
2. Adult family home	
3. Community-based residential facility (CBRF)	
h. Other (specify _____ )	
<b>TOTAL*</b>	

\* TOTAL **MUST** equal the total unduplicated patients on page 3, line 19.c.

23. Total number of **unduplicated patients** served in 2003 by principal diagnosis (i.e., the diagnosis responsible for admission to the hospice).

PRINCIPAL DIAGNOSIS	NUMBER OF PATIENTS
a. Malignant neoplasm (cancer) (140 - 239)	
b. Cardiovascular disease (390 - 459)	
c. Pulmonary disease (415-417, 492, 496)	
d. Renal failure/kidney disease (584.9 - 593.9)	
e. Diabetes (250.0)	
f. Alzheimer's disease/other dementia (331.0, 290.1, 294.1)	
g. AIDS (042)	
h. ALS (Lou Gehrig's disease) (335.20)	
i. Other (specify _____ )	
<b>TOTAL*</b>	

\* TOTAL **MUST** equal the total unduplicated patients on page 3, line 19.c.

24. Total number of **patient days** during 2003 for each level of care.

LEVEL OF CARE	PATIENT DAYS
a. Routine home care	
b. Continuous care	
c. Inpatient care – acute/symptom management	*
d. Inpatient respite care	**
<b>TOTAL</b>	

\* If patient days are provided, provide the corresponding data on Page 2, line(s) 6.b and/or 8.b.

\*\* If patient days are provided, provide the corresponding data on Page 2, line(s) 6.b, 8.c and/or 9.b.

25. For each patient discharged in 2003, (including deaths, and regardless of admission date), provide the **length of stay**.

- a. 1 to 7 days .....
- b. 8 to 14 days .....
- c. 15 to 29 days .....
- d. 30 to 59 days .....
- e. 60 to 89 days .....
- f. 90 to 179 days .....
- g. 180 days to 1 year .....
- h. More than 1 year .....
- i. **TOTAL (a+b+c+d+e+f+g+h)** ..... \*

\* TOTAL **MUST** equal the total discharges on page 3, line 17.f.

26. Indicate the primary pay source **AT THE TIME OF ADMISSION** for all patients who were admitted during 2003.

PRIMARY PAY SOURCE	NUMBER OF PATIENTS
a. Medicare	
b. Medicaid	
c. Medicare & Medicaid	
d. Managed Care (HMO)	
e. PACE/Partnership	
f. Private Insurance	
g. Self Pay	
h. Other (specify _____ )	
<b>TOTAL*</b>	

\* TOTAL **MUST** equal the total admissions on page 3, line 16.

27. Indicate the primary pay source for all patients on the hospice caseload on December 31, 2003.

PRIMARY PAY SOURCE	NUMBER OF PATIENTS
a. Medicare	
b. Medicaid	
c. Medicare & Medicaid	
d. Managed Care (HMO)	
e. PACE/Partnership	
f. Private Insurance	
g. Self Pay	
h. Other (specify _____ )	
<b>TOTAL*</b>	

\* TOTAL **MUST** equal the total patients on the hospice caseload on page 3, line 18.

28. Of the patients on the hospice caseload on December 31, 2003, how many resided in each of the following locations?

**DO NOT WRITE IN SHADED AREA**

LOCATIONS	NUMBER OF PATIENTS
a. Home/private residence	
b. Nursing home	
c. Hospice residential facility	
d. Assisted living	
1. Residential care apartment complex	
2. Adult family home	
3. Community-based residential facility (CBRF)	
e. Inpatient facility (e.g., acute care hospital, other)	
f. Other site (specify _____ )	
<b>TOTAL*</b>	

\* TOTAL **MUST** equal the total patients on the hospice caseload on page 3, line 18.

29. Of those patients who died in 2003, how many deaths occurred at each of the following locations?

**DO NOT WRITE IN SHADED AREA**

LOCATIONS	NUMBER OF DEATHS
a. Home/private residence	
b. Nursing home	
c. Hospice residential facility	
d. Assisted living	
1. Residential care apartment complex	
2. Adult family home	
3. Community-based residential facility (CBRF)	
e. Inpatient facility (e.g., acute care hospital, other)	
f. Other site (specify _____ )	
<b>TOTAL*</b>	

\* TOTAL **MUST** equal the total deaths on page 3, line 17.e.

## PERSONNEL

30. **Personnel:** Complete the following table based on the week of **December 7 - 13, 2003**.

Include staff on vacation or other paid leave. Out-of-state agencies should report only staff time serving Wisconsin patients.

**Full-Time Persons:** Report the number of persons employed full-time.

**Part-Time Persons:** Report the number of persons employed part-time.

**Part-Time Hours:** For each employed person working less than *Full-time* hours per week, report the number of hours worked in that position. If a person serves in more than one job position, place an asterisk (\*) next to the job title, record the hours worked in the part-time hours column for each position, but only record the person once in the part-time person column for the job position worked the most hours. (e.g., A person may work as a Hospice Aide for 25 hours and could possibly also work in a Dietary position for 15 hours. Record "25" in the part-time hours column for Hospice Aides, and record "15" in the part-time hours column for Dietary. Record a "1" in the part-time persons column for Hospice Aides, since the majority of the hours were worked in that capacity).

**Contracted Staff Persons:** Report the number of persons providing services through a formal contractual arrangement.

**Volunteers:** Uncompensated staff person.

**ROUND HOUR FIGURES TO THE NEAREST WHOLE HOUR. NO DECIMALS. NO FTE'S**

### DO NOT WRITE IN SHADED AREA

JOB TITLE	Full-time Persons	Part-time Persons		Contracted Staff (No. of Persons)	Volunteers (No. of Persons)
		Personnel	Hours		
a. Managing Employee/Administrator					
b. <b>Physicians *</b>					
c. <b>Registered Nurses *</b>					
d. Licensed Practical Nurses					
e. Hospice Aides					
f. Registered Physical Therapists					
g. Registered Occupational Therapists					
h. Speech/Language Pathologists					
i. <b>Bereavement Counselor *</b>					
j. <b>Social Workers *</b>					
k. Dietary					
l. Chaplain					
m. Clerical/Office Support					
n. Volunteer Coordinator					
o. Other Volunteers					
p. Other (specify _____)					
<b>TOTAL</b>					

\* "Core Team" members **MUST** be accounted for on this table.

31. Number of hours in workweek? (Enter as a 3-digit number, e.g., 40.0, 37.5, 35.0, etc.) .....

32. During 2003, how many total volunteers did the hospice agency have? .....

33. Indicate the total hours of service provided by volunteers during 2003.

SERVICE PROVIDED TO	NUMBER OF HOURS
a. Patients/Family	
b. Office Support/Administrative Services	
c. Other (specify _____)	

Person responsible for completing this form .....  
*(This is who will be contacted if further information is required.)*

Contact person's area code/telephone number ..... EXT: .....

Area Code/Fax Number .....

Email Address .....

Area Code/Telephone Number .....  
*(This number will be published in the Hospice directory.)*

34. Does the agency have Internet access? ..... ☐ 1. Yes      2. No

I certify that I have reviewed the information reported in this document for accuracy and the information is true and correct.

Name of Administrator (*type or print*) .....

**SIGNATURE** - Administrator .....

Date signed .....

FOR OFFICE USE ONLY
BQADISTR <input type="checkbox"/>

